

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027502

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 49

Primary Registration District No. 5174

Registrar's No. 6

FILED AUG 13 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 0150						
2 0150						
3						
4 1						
5 2						
6						
7 1						
8 0						
9 9794X						
10						
11						
12 90-2						
13 10						
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Russell ADAMS</u>		c. CITY OR TOWN <u>Roach</u>	
Length of stay in 1b <u>5 yrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lake Road 7 - 13</u>		d. STREET ADDRESS (If outside, give location) <u>Lake Road 7 - 13</u>	
3. NAME OF DECEASED (Type or print) First <u>Mittie</u> Middle <u>Burr</u> Last <u>Burr</u>		4. DATE OF DEATH Month <u>August</u> Day <u>3</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-1880</u>
9. AGE (last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House - Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and state or country) <u>Mammoth Springs Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Tendial Burr</u>		13b. MOTHER'S MAIDEN NAME <u>? Stegner</u>	
14. NAME OF HUSBAND OR WIFE <u>Joseph Burr</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT Address <u>Mrs Walter Wood Jonesboro Arkansas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Inanition + Debilitation</u> DUE TO (b) <u>Dysphagia</u> DUE TO (c) <u>Old age</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u> <u>3 months</u> <u>years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>	
21. I attended the deceased from <u>March 1 63</u> to <u>8/3/63</u> and last saw her alive on <u>8/2/63</u> Death occurred at <u>7:00</u> P on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Samuel E. Mithum Jr.</u> (Degree or title)		22b. ADDRESS <u>Camden, Mo</u>	
22c. DATE SIGNED <u>8/5/63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8-8-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Field Creek Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Mammoth Springs Arkansas</u>		24. FUNERAL DIRECTOR ADDRESS <u>Robert H. Reed</u> <u>Camden, Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>8-5-1963</u>		26. REGISTRAR'S SIGNATURE <u>Alda Eldred</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Robert H Reed*

Licensed Embalmer No. 3745

P.O. Address Camdenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.